

[Mr. FRIST] was added as a cosponsor of S. 356, a bill to amend title 4, United States Code, to declare English as the official language of the Government of the United States.

S. 722

At the request of Mr. DOMENICI, the name of the Senator from Utah [Mr. BENNETT] was added as a cosponsor of S. 722, a bill to amend the Internal Revenue Code of 1986 to restructure and replace the income tax system of the United States to meet national priorities, and for other purposes.

S. 847

At the request of Mr. GREGG, the name of the Senator from Massachusetts [Mr. KERRY] was added as a cosponsor of S. 847, a bill to terminate the agricultural price support and production adjustment programs for sugar, and for other purposes.

S. 863

At the request of Mr. GRASSLEY, the name of the Senator from Wyoming [Mr. SIMPSON] was added as a cosponsor of S. 863, a bill to amend title XVIII of the Social Security Act to provide for increased medicare reimbursement for physician assistants, to increase the delivery of health services in health professional shortage areas, and for other purposes.

S. 969

At the request of Mrs. KASSEBAUM, the name of the Senator from Nebraska [Mr. KERREY] was added as a cosponsor of S. 969, a bill to require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

S. 978

At the request of Mrs. HUTCHISON, the name of the Senator from Oregon [Mr. HATFIELD] was added as a cosponsor of S. 978, a bill to facilitate contributions to charitable organizations by codifying certain exemptions from the Federal securities laws, to clarify the inapplicability of antitrust laws to charitable gift annuities, and for other purposes.

S. 1130

At the request of Mr. BROWN, the names of the Senator from Mississippi [Mr. LOTT], the Senator from Oklahoma [Mr. NICKLES], the Senator from Washington [Mr. GORTON], and the Senator from North Carolina [Mr. FAIRCLOTH] were added as cosponsors of S. 1130, a bill to provide for the establishment of uniform accounting systems, standards, and reporting systems in the Federal Government, and for other purposes.

S. 1131

At the request of Mr. ROCKEFELLER, the name of the Senator from Minnesota [Mr. WELLSTONE] was added as a cosponsor of S. 1131, a bill to amend title 38, United States Code, to authorize the provision of financial assistance in order to ensure that financially needy veterans receive legal assistance in connection with proceedings before

the United States Court of Veterans Appeals.

S. 1136

At the request of Mr. HATCH, the name of the Senator from New Jersey [Mr. LAUTENBERG] was added as a cosponsor of S. 1136, a bill to control and prevent commercial counterfeiting, and for other purposes.

S. 1138

At the request of Mr. GRASSLEY, the names of the Senator from Oklahoma [Mr. INHOFE], the Senator from Indiana [Mr. COATS], the Senator from Alaska [Mr. MURKOWSKI], and the Senator from New Hampshire [Mr. GREGG] were added as cosponsors of S. 1138, a bill to amend title XVIII of the Social Security Act to provide that certain health insurance policies are not duplicative, and for other purposes.

S. 1266

At the request of Mr. MACK, the name of the Senator from New Mexico [Mr. DOMENICI] was added as a cosponsor of S. 1266, a bill to require the Board of Governors of the Federal Reserve System to focus on price stability in establishing monetary policy to ensure the stable, long-term purchasing power of the currency, to repeal the Full Employment and Balanced Growth Act of 1978, and for other purposes.

SENATE RESOLUTION 146

At the request of Mr. JOHNSTON, the names of the Senator from Minnesota [Mr. WELLSTONE], the Senator from Mississippi [Mr. LOTT], the Senator from Georgia [Mr. COVERDELL], and the Senator from South Dakota [Mr. DASCHLE] were added as cosponsors of Senate Resolution 146, a resolution designating the week beginning November 19, 1995, and the week beginning on November 24, 1996, as "National Family Week," and for other purposes.

#### AMENDMENTS SUBMITTED

#### VA-HUD APPROPRIATIONS ACT FOR FISCAL YEAR 1996

#### BUMPERS (AND OTHERS) AMENDMENT NO. 2776

Mr. BUMPERS (for himself, Mr. WARNER, Mr. COHEN, Mr. KERRY, Mr. BRYAN, Mr. BRADLEY, Mr. FEINGOLD, Mr. LEAHY, Mr. KOHL, Mr. WELLSTONE, and Mr. SIMON) proposed an amendment to the bill (H.R. 2099) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for fiscal year ending September 30, 1996, and for other purposes, as follows:

Strike lines 14 through 15 on page 158 and insert in lieu thereof the following: "\$3,504,000,000, to remain available until September 30, 1996. *Provided*, that of the funds made available under this heading, no funds shall be expended on the Space Station program, except for termination costs."

#### ADDITIONAL STATEMENTS

#### KENNETH B. SCHWARTZ

● Mr. KERRY. Mr. President, I want to take a moment today to remember Kenneth B. Schwartz of Brookline, MA. I first worked with Ken when I was Lieutenant Governor and he was general counsel to the executive office of human services. He had a brilliant analytical mind, a keen sense of humor, and most important, he was one of the purely nicest human beings ever to walk the face of the Earth. He cared deeply about the most vulnerable among us, the elderly, the poor, the mentally ill.

Tragically, he was diagnosed last November with cancer. Despite having the best medical care available, Ken died September 10, at age 40, leaving his wife, Ellen Cohen, and his 2-year-old son, Benjamin.

Despite pain, surgeries, the devastating effects of chemotherapy, and the mental anguish that knowledge of his condition brought, Ken turned his experience into something quite remarkable and enormously valuable for both those afflicted with cancer and those who treat them.

The son and brother of doctors, Ken wrote an article for the Boston Globe magazine on his experience as a patient, and his relationship with the caregivers at the teaching hospital where he was treated. Ken's article opened the eyes of the medical community in a way that rarely occurs even in the most sympathetic and responsive of hospitals. His article came to the attention of the "Good Morning America" show, which featured him in one of its segments. During this all-too-brief period of time, he also helped establish the Kenneth B. Schwartz Center for the Study of Caregiver-Patient Relationships at Massachusetts General Hospital, so that the lessons he learned from his illness might be studied and broadened to the benefit of future patients, their doctors and other caregivers.

As was said of Sir Thomas More, Ken was:

A man of angel's wit and singular learning; I know not his fellow. For where is the man of that gentleness, lowliness and affability? And as time requireth, a man of marvelous mirth and pastimes; and sometimes of as sad a gravity; a man for all seasons.

I ask that his Boston Globe article be placed in the CONGRESSIONAL RECORD at this point, and I commend it to all my colleagues in the Congress.

The article follows:

[From The Boston Globe Magazine, Jul. 16, 1995]

#### A PATIENT'S STORY

(By Kenneth B. Schwartz)

Until last fall, I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations and contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when at age 40 I was diagnosed with advanced lung cancer. VerDate 20-SEP

In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and for my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight. These acts of kindness—the simple human touch from my caregivers—have made the unbearable bearable.

During September and October of 1994, I made several visits to the outpatient clinic of a Boston teaching hospital for treatment of a persistent cough, low-grade fever, malaise, and weakness. The nurse practitioner diagnosed me as having atypical pneumonia and prescribed an antibiotic. Despite continued abnormal blood counts, she assured me that I had a post-viral infection and didn't need an appointment with my physician until mid-November, if then. By mid-October, I felt so bad that I decided I could not wait until November 11 to be seen. Disappointed with the inaccessibility of my physician, I decided to seek care elsewhere, with the hope that a new doctor might be more responsive.

My brother, a physician who had trained at Massachusetts General Hospital, arranged for an immediate appointment with Dr. Jose Vega, an experienced internist affiliated with MGH. Dr. Vega spent an hour with me and ordered tests, including a chest X-ray. He called within hours to say he was concerned by the results, which showed a "mass" in my right lung, and he ordered a computerized-topography scan for more detail. I remember leaving my office for home, saying quickly to my secretary, Sharyn Wallace, "I think I may have a serious medical problem." Indeed, the CT scan confirmed abnormal developments in my right lung and chest nodes.

The next day, Dr. Vega, assuring me that he would continue to be available to me whenever I needed him, referred me to Dr. Thomas Lynch, 34-year-old MGH oncologist specializing in lung cancer. Dr. Lynch, who seems driven by the ferocity of the disease he sees every day, told me that I had lung cancer, lymphoma, or some rare lung infection, although it was most likely lung cancer.

My family and I were terrified. For the next several months, my blood pressure, which used to be a normal 124 over 78, went to 150 over 100, and my heart rate, which used to be a low 48, ran around 100.

Within 72 hours of seeing Dr. Lynch, I was scheduled for a bronchoscopy and a mediastinoscopy, exploratory surgical procedures to confirm whether I indeed had lung cancer. Until this point, I had thought that I was at low risk for cancer: I was relatively young, I did not smoke (although I had smoked about a cigarette a day in college and in law school and for several years after that), I worked out every day, and I avoided fatty foods.

The day before surgery, I was scheduled to have a series of tests. The presurgery area of the hospital was mobbed, and the nurses seemed harried. Eventually, a nurse who was to conduct a presurgical interview called my name. Already apprehensive, I was breathing hard.

The nurse was cool and brusque, as if I were just another faceless patient. But once the interview began, and I told her that I had just learned that I probably had advanced lung cancer, she softened, took my hand, and asked how I was doing. We talked about my 2-year-old son, Ben, and she mentioned that her nephew was named Ben. By the end of our conversation, she was wiping tears from her eyes and saying that while she normally was not on the surgical floor, she would

come see me before the surgery. Sure enough, the following day, while I was waiting to be wheeled into surgery, she came by, held my hand, and, with moist eyes, wished me luck.

This small gesture was powerful; my apprehension gave way to a much-needed moment of calm. Looking back, I realize that in a high-volume setting, the high-pressure atmosphere tends to stifle a caregiver's inherent compassion and humanity. But the briefest pause in the frenetic pace can bring out the best in a caregiver and do much for a terrified patient.

The nurse left, and my apprehension mounted. An hour later, I was wheeled to surgery for a biopsy of the chest nodes and the mass in my lung. I was greeted by a resident in anesthesiology, Dr. Debra Reich, who took my pulse and blood pressure and said gently: "You're pretty nervous, huh?" She medicated me with tranquilizers, but that did not stop me from asking about where she lived, where she had trained, and whether she was married. I jokingly asked her how come she was the only Jewish doctor I had met during my time at MGH. When it turned out that she lived down the street from me and liked the sandwiches at the same corner shop, Virginia's, I felt comforted. She squeezed my shoulder, wished me luck, and wheeled me into surgery.

When I awoke, I was told that I had adenocarcinoma in my right lung and in several chest nodes—in other words, advanced lung cancer. I don't remember a lot about those hours, but I remember Dr. Vega's face, with tears in his eyes. I also remember feeling very sad and scared.

A few days later, I received a letter from Dr. Reich: "Remember me, your friendly anesthesiologist? I came by to see you this afternoon as my professional duty but also to express my sadness in hearing about your diagnosis. Your door was closed and there seemed to be a lot of activity, so I decided not to disturb you.

"As I'm sure you know, we as physicians are taught not to become emotionally involved in our patients because then we would be continually devastated. But I guess because we had such a nice interaction before your surgery and because your life was one which I could relate to so well—being Jewish, professional, renovating a house, sandwiches, at Virginia's, etc.—your situation really struck a chord in me. (Hey, maybe you can't even remember any of this because of the medicine I gave you, but hopefully you do. . . )

"I was very impressed that during the fear and anxiety you were experiencing, you still maintained your composure, your sense of humor, and even thought to ask me when I was getting married.

"So, anyway, as you told me, keeping your wife and son in mind will make you fight strong, and I know this to be true! I know that you have a very loving and supportive family who will help you through this as well.

"Best, wishes, and maybe I'll run into you sometime at Virginia's."

I had not forgotten Dr. Reich, nor will I ever forget her willingness to cross the professional barrier, hold my hand, and write those words.

It was clear that I would soon begin a new chapter in my illness and undergo the classic treatment for such advanced cancer, intensive chemotherapy and radiation, followed by surgery to remove the tumors, nodes, and entire lung, if necessary. Dr. Lynch told me that this option presented the real possibility of a cure.

Over the next week, I had a series of additional radiologic scans to determine if the cancer had spread beyond my chest. These

scans are incredibly scary: You are placed in a tube resembling a sarcophagus, with only 6 inches between you and the walls, and you may spend several hours inside, deafened by the clanging machine. And the scans always raise fears about whether more bad news is around the corner.

Dr. Vega or Dr. Lynch always made it a point, though, to relay results within 24 hours so my family and I didn't have to endure the anxiety of uncertainty any longer than necessary.

The scans of my body, head, liver, bones, and back were clear. I was relieved.

The doctors soon began an intensive regimen of chemotherapy and radiation, with the goal of destroying the cancer and preparing for surgery to remove my lung.

Before being admitted for my first five-day course of chemotherapy, I had a radiation-simulation session. During such session, therapists meticulously map their targets by marking your skin where the radiation should be directed. I was asked to lie on a table in a large, cold chamber. The radiation therapist, Julie Sullivan, offered me a blanket and, mentioning that the staff had a tape deck asked if I had any request; I recalled my college days and asked for James Taylor. Listening to "Sweet Baby James" and "Fire and Rain" I thought back to a time when the most serious problem I faced was being jilted by a girlfriend, and tears ran down my cheeks. As therapists came and went, Julie Sullivan held my hand and asked me if I was OK. I thanked her for her gentleness.

After having a Port-o-Cath implanted in my chest—a device that allows chemotherapy to be administered without constant needle sticks in the arm—I was admitted to MGH in mid-November. During that and other hospitalizations, either my mother or sister would stay overnight, often sleeping in cramped chairs. When I awoke at night in an anxious sweat or nauseated, I would see one of them and feel reassured.

While doctors managed my medical cure, my day-to-day quality of life and comfort were in the hands of two or three nurses. These nurses showed competence and pride in their work, but they also took a personal interest in me. It gave me an enormous boost, and while I do not believe that hope and comfort alone can overcome cancer, it certainly made a huge difference to me during my time in the hospital.

During the period between my two chemotherapies, when I also received high-dose radiation twice a day, I came to know a most exceptional caregiver, the outpatient oncology nurse Mimi Batholomay. An eight-year veteran who had experienced cancer in her own family, she was smart, upbeat, and compassionate. I had to receive fluids intravenously every day at the clinic, and while there we talked regularly about life, cancer, marriage, and children. She, too, was willing to cross that professional Rubicon—to reach out and talk about my fear of dying or, even worse, my fear of not living out my life, of not biking through the hills of Concord and Weston on summer weekends with my brother, of not seeing my child grown up, of not holding my wife in my arms. And she took the risk of talking about her own father's recent bout with cancer. I cannot emphasize enough how meaningful it was to me when caregivers revealed something about themselves that made a personal connection to my plight. It made me feel much less lonely. The rule books, I'm sure, frown on such intimate engagement between caregiver and patient. But maybe it's time to rewrite them.

After my second round of chemotherapy, I was ready for the final stage of what we hoped would be a cure: surgery. Before this could happen, Dr. Lynch repeated my radiologic scans, to be sure that the cancerVerDate 20-SEP-

had not spread. He assured me that the chance of any such metastasis was remote—less than 5 percent—although it would be a disaster if it occurred.

The scans were endless, scary; and lonely. While members of my family stayed with me in the waiting rooms, they could not accompany me to the scanning rooms; the experience again was harrowing. But I felt my greatest fear while awaiting the results. After a week of tests, I had one last scan of my bones. I was concerned when the technologist asked to do a special scan of my back that had not been done before.

The next day, I called Dr. Lynch's office and asked his assistant, Mary Elen Rousell, when I could come in to find out the results. She said, "How about this afternoon?" and then added, "You might want to bring someone." My heart skipped. When my wife and I entered Dr. Lynch's office and saw his face, our hearts sank. He was ashen. He said that while all the other scans were clear, there appeared to be a metastatic tumor in my spine. He explained that this meant that lung surgery at this point would be futile, since other metastases were likely to surface.

Dr. Lynch said that he could not be 100 percent certain that this was a tumor and that, because so much was at stake, we should do a biopsy. My wife and I wept openly—in part because, looking at Dr. Lynch's face, we felt that he had lost hope.

I could not help but ask what treatment options were available, and he mentioned a drug called Taxol. Still being the lawyer, I quizzed him:

Me: What is the percentage of people who benefit from Taxol?

Dr. Lynch: Forty percent.

Me: How much do they benefit?

Dr. Lynch: They can get several years of life, although it is not a cure. And the median survival for patients on Taxol with your advanced state of disease is nine months.

Nine months! My wife and I cringed. I ended the session by asking Dr. Lynch, "How do you do this work?" And he answered, in genuine pain, "By praying that I don't have days like today."

I began to have trouble sleeping, and when I awoke, I was filled with dread and despair. I thought frequently of the observation of Richard Block, the founder of H&R Block, who had survived lung cancer after being told initially that he had only months to live: "I lived for five days without hope and . . . my life during those five days . . . was far worse than at any time during the 'horrible' ordeal of tests or treatments."

And when I contemplated not living to see my son grow up or not cherishing my wife for a lifetime, I thought of King Lear, who, at a low point, wailed:

I am bound

Upon a wheel of fire, that mine own tears  
Do scald like molten lead.

I desperately needed to regain hope, and I needed Dr. Lynch to regain his sense of hope.

A few days later, I had the biopsy. Dr. Lynch met with my family to report that, indeed, after considerable searching, the pathologist had found small deposits of adenocarcinoma in my vertebra. It was now confirmed that I had metastatic lung cancer. Although my brother and my father, who is also a physician, raised the possibility of radical surgery on my back and lung to remove all the tumors, Dr. Lynch and the surgeons rejected this option because further metastases were likely to appear, and the surgery would be debilitating and reduce my quality of life at a time when my life could well be substantially shortened.

The clear treatment was more chemotherapy. Dr. Lynch again recommended the use of Taxol, with the hope of slowing the cancer's spread.

My wife and I were largely silent during the medical discussion. I asked my father and brother to leave so my wife and I could talk not facts and figures but matters of the heart. When they had left, I said to Dr. Lynch, "You told me two things all along: One, that you were aiming for a total cure, and if that were not feasible, you would tell me at that time. And two, you would never, ever give up on me, never stop trying to fight, to extend my life as long as possible. Am I no longer on the cure route?"

He looked somberly at us and explained that there were no known treatments to cure this stage of cancer.

"And will you stick by me and fight to the end?" I asked.

He nodded vigorously and then outlined a number of state-of-the-art, experimental protocols from which I might benefit after Taxol.

And, leaving statistics behind, he talked of several patients who had defied the odds and lived for years beyond expectations. He advised that my goal should be to be here the same time next year, and then the year after, and the year after—one day at a time, one month at a time, one year at a time. He mentioned several breast-cancer patients who had told him that they had relished their final years with their children in a way that they had never known before. It felt good to leave the medical talk and speak heart to heart, and it felt to me that he had regained a sense of hope—not for some magical cure but for the possibility of extending my life.

It was critical to my wife and to me that he not give up hope. I understood his surprise and disappointment at the metastasis; in fact as one friend suggested, his distress in that event was a sign of his caring about me and his involvement with my case. But we desperately needed him to give us a realistic basis for hope—and he had.

The next day, I began a new chapter in my fight. And once again, Mimi Bartholomay was by my side, monitoring my reaction and assuring me that most people tolerated Taxol very well. I had no allergic reactions, and I felt good that the battle was under way. I had hoped that maybe this would buy me time. Time was now my best friend, since it could allow medical research to advance and doctors to find new strategies and maybe even a cure for advanced lung cancer.

During this period, with help from my father, who has had a long and distinguished career in academic medicine, I began to explore potential cutting-edge protocols that could supplement or follow Taxol.

My father arranged a meeting for my wife and me with Dr. Knot J. Isselbacher, a distinguished researcher and director of the MGH Cancer Center. He is a small man with a large presence and piercing blue eyes, and he was surrounded by medical books, papers, and many pictures of his family. He was upbeat, telling us of protocols under way that showed promise in fighting metastatic tumors. Like several others, he told me a personal story that cut to the bone: A close family member, he said, had been diagnosed with advanced cancer, which the attending oncologist had said was "very, very bad." The family member had said to him: "Kurt you have helped so many people in your life, can you now help me!" He personally treated the family member in that person's home with chemotherapy, and, 21 years later, that person is thriving.

Dr. Isselbacher offered to serve as an advocate for me, to work with my father and Dr. Lynch to find the most promising protocols. I told him at the meeting that while I had no illusions, I was deeply moved by his refusal to give up and by his abiding hope; I was especially affected because such hopefulness

was not coming from a faith healer but a distinguished researcher. He has strengthened our resolve to fight.

As I grappled to maintain my hope in the face of the advancing disease, I was referred to Dr. Ned Cassen, a senior MGH psychiatrist who not only had had vast experience with the seriously ill but was himself a Jesuit priest. I had met with him once during my second hospitalization, and my memory through the haze was that he was the first person with whom I had discussed death. I remembered that when I had asked him if, when, and how I should say goodbye to people, he said, "You know, you don't have to wait to say goodbye; you can express your love and appreciation for people right now, every day."

After the devastating news of the metastasis, I felt the urge to seek out Dr. Cassem again, in part to ask if there was anything more I should be doing to help my son, Ben, cope with my illness or the eventuality of my death. I mentioned that several people had suggested I make a videotape for Ben but that I thought I couldn't do that. Dr. Cassem replied that every time we played or laughed together, we were creating building blocks, precious memories that will be part of him forever.

I also asked him if he thought I should be doing more to prepare for the possibility of an early death. He looked perplexed and asked, "Have you prepared your will?" I said yes. "Are your affairs otherwise in order?" I again said yes. "So it sounds like you are prepared. . . . Remember, death is a minor matter. Living . . . that's the challenge."

I then told him of the paradox that moments of great pleasure—playing with my son, snuggling with my wife, talking intensely with friends—also caused me great pain and tears. Was I depressed? Was this something to worry about? He looked at me thoughtfully and said: "When you cry about your son, it's because he has touched you deeply. It's an affirmation of your love for him. When you weep about the joy you experience with your wife or close friends that's an acknowledgment of your love for them. That's not a bad thing. . . . Maybe a day without tears has been a dull day." I nodded and then could not help but ask: "Do you believe in the power of prayer?" Dr. Cassem nodded. "Absolutely," he said, "and your name is on my prayer list." I felt warmed in his presence, by his wisdom, his common sense, and his spirituality.

In recent months, I have had several setbacks: a bone scan that showed four to five additional tumors, and a CT scan that showed significant progression of the cancer in both lungs. The only good news was that it had not spread to my head or liver. I am pained, but not surprised, at the relentlessness of the disease, and I am straining to retain hope that one of the experimental treatments may succeed where chemotherapy has failed.

For the first time, I recently mentioned to Dr. Lynch the idea of a hospice service and wondered how I might reduce future pain as the cancer progresses. Dr. Lynch answered that we were still a long way from that discussion, that we still had many avenues to explore, and that he remained as committed as ever to doing whatever he could to extend my life in a quality way.

Around the time of the CT scan, when I was feeling particularly dejected, I had an appointment with Mimi Bartholomay for an injection. She was running late, and as she approached me in the clinic waiting room, she looked harried. But as she got closer, she could see how unhappy I was, and she put her arm around me and directed me to a private room. I began to cry, and she intuitively responded: "You know, scan days are theVerDate 20-SEP-1995

worst. But whatever the results, we are not going to give up on you. We're going to fight with you and for you all the way." I hugged her and thanked her for hanging in there with me.

If I have learned anything, it is that we never know when, how, or whom a serious illness will strike. If and when it does, each one of us wants not simply the best possible care for our body but for our whole being.

I still am bound upon Lear's wheel of fire, but the love and devotion of my family and friends, and the deep caring and engagement of my caregivers, have been a tonic for my soul and have helped to take some of the sting from my scalding tears.●

#### TRIBUTE TO THE MISSOURI MERCHANTS AND MANUFACTURERS ASSOCIATION

● Mr. BOND. Mr. President, I rise today to pay a special tribute to the Missouri Merchants and Manufacturers Association. I am very pleased to recognize this organization for its 15 years of superior service to the Missouri business community.

The Missouri Merchants and Manufacturers Association was formed in 1980. With hard work and untiring commitment, the MMMA has grown into a strong, well respected voice in the legislative process representing over 5,000 small and mid-sized businesses across the State of Missouri. It is actively involved in educating MMMA members and serving as an advocate on State legislative issues impacting businesses.

While Governor of Missouri, I found that the MMMA's active involvement in State legislative issues provided a vital resource. As chairman of the Committee on Small Business, I highly value the insights they have shared on numerous issues of great importance to America's business.

The quality individuals that comprise the MMMA epitomize the kind of dedication, work ethic and ideals necessary to meet the ongoing challenges and demands of the business community. Their leadership has influenced passage of important legislation and provided dependable resources in many court cases to benefit employers. The Missouri Merchants and Manufacturers Association will commemorate its 15th anniversary at an annual fall dinner on September 30, 1995. It is my great pleasure to congratulate the MMMA for this significant accomplishment.●

#### THE AMERICORPS PROGRAM

● Mr. LIEBERMAN. Mr. President, over the last few months, there have been a number of speeches in this Chamber and even more outside of it criticizing pointless partisanship. Although matters of philosophy and implementation do frequently divide Senators on this side of the aisle from those on the other side, the country has a right to expect that we will seize every chance to work together.

I would have thought that national service provided a perfect opportunity for that common ground. Republicans

and Democrats alike have called for greater personal responsibility, for increased involvement of citizens in our communities, for people pitching in to do what needs to be done to make America as smart and safe and strong as we have dreamed it could be.

These are the very same goals of AmeriCorps, the new domestic Peace Corps established by Congress only 2 years ago. Just this past week, the first 20,000 AmeriCorps members completed their service in my State of Connecticut and all across the country. I know how much they have achieved in Connecticut.

Forty percent of the 300 students tutored by the University of Bridgeport AmeriCorps members have increased their levels of achievement in one or more areas. AmeriCorps members in the Leadership, Education and Athletics in Partnership [LEAP] program trained 600 children to volunteer at the Special Olympics when they were held in New Haven. Community Action for Greater Middlesex County was able to bring over 60 volunteers to Christmas in April, thanks to the presence of AmeriCorps members. They refurbished 15 bedrooms and 8 bathrooms at the Eddy Shelter and rehabilitated the home of 90-year-old Alice Taylor, who, in her own lifetime has taken care of over 1,000 foster children, as well as raised her own 8 children.

AmeriCorps offers an opportunity for young people and Americans of all ages. It makes the dream of a college education a reality for families who work hard and play by the rules—while meeting compelling human needs in our communities in a cost effective manner.

Independent analyses show just how cost-effective this initiative has been in its first year. The GAO said that the Corporation for National Service's resources total about \$17,600 per member, which is not only in line with the Corporation's estimate of \$18,800 per member but in line with what Congress authorized.

Mr. President, the only formal cost-benefit analysis of AmeriCorps, done by four conservative economists, estimated a return of \$1.60 to \$2.60 in direct benefits for every dollar AmeriCorps invests.

We need to build on this success, not walk away from it. The private sector poured \$41 million in resources into local AmeriCorps programs this last year, a tremendous feat when you consider that Congress had called for \$32 million in matching funds from all sources. We've got an impressive public/private partnership going here and we really need to nurture it.

We won't find common ground or reach higher ground if we turn national service into a partisan political football. We owe those 20,000 AmeriCorps members—and all Americans—better than that.

#### TRIBUTE TO JASON REESE

● Mr. FRIST. Mr. President, I would like to take the time today to commend a very special Tennessean who has shown tremendous strength of character and a will to succeed. Jason Reese is an 18-year-old from Morristown, TN, who has just been named the Boys & Girls Club of America's 1995-96 National Youth of the Year for his commitment to community service, scholastic achievement, and leadership skills.

Jason entered the competition for National Youth of the Year when he became the Morristown Boys & Girls Club's Youth of the Month and later their Youth of the Year. He was then chosen Youth of the Year by the State of Tennessee and the southeast regional representative for the national competition. The finalists traveled to Washington, D.C. and were judged on their activities in their local Boys & Girls Clubs, their values and integrity, their academic achievements, their service to their communities, and their commitment to their families.

As the National Youth of the Year, Jason will have the opportunity to meet with youth from Boys & Girls Clubs throughout the country and discuss the impact the programs can have on one individual. For years, Jason lived without a male role model. But through drive and determination, Jason Reese overcame those obstacles, and he has become a role model for other youths.

Jason was abandoned by his father when he was a baby, and later his stepfather abandoned him and his two younger stepbrothers. Jason grew up quickly, holding a part-time job, working hard in school, and caring for his brothers at home while his mother worked and attended school. He also joined the Boys & Girls Club in Morristown, where he grew up in other ways. There, he served as a junior staff member, a member of the Keystone Leadership Club, and as a delegate to the club's board of directors. He took part in most of the club's programs, and he learned the social and leadership skills that he says gave him the motivation and self-esteem he needed to succeed in his school, community, and family.

Outside of the Boys & Girls Club, Jason has volunteered in nursing homes, helped refurbish a local park, and tutored younger children. Throughout that time, he maintained a 3.83 cumulative grade point average in his advanced and college placement curriculum at Morristown-Hamblen School West, and he took on enough responsibilities at home to allow his mother to work and graduate from college with a degree in psychology.

After 8 years in the Boys & Girls Club and a lifetime of his own dedication, Jason Reese has entered the University of Tennessee at Knoxville as a freshman honors student in engineering. In addition to being a National Merit Scholar and a UT Centennial Scholar, Jason will receive a \$10,000 scholarshipVerDate 20-SEP-